County: Waupaca GREENTREE HEALTH/REHAB CENTER 70 GREENTREE ROAD CLINTONVILLE 54929 H OUNTINEE ROAD
CLINTONVILLE 54929 Phone: (715) 823-2194
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 62
Total Licensed Bed Capacity (12/31/00): 68
Number of Residents on 12/31/00: 58 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: **54** 

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No   No	Primary Diagnosis	% 	Age Groups	 % 	Less Than 1 Year 1 - 4 Years	46. 6 39. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6. 9	More Than 4 Years	13. 8
Day Services	No	Mental Illness (Org. /Psy)	19. 0	65 - 74	6. 9		
Respite Care	No	Mental Illness (Other)	13. 8	75 - 84	39. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	29. 3	***************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	17. 2	Full-Time Equivalen	ıt
Congregate Meals	No	Cancer	1. 7			Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	10. 3	•	100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	19. 0	65 & 0ver	93. 1		
Transportation Transportation	No	Cerebrovascul ar	17. 2			RNs	8. 5
Referral Service	No	Di abetes	10. 3	Sex	%	LPNs	9. 2
Other Services	Yes	Respi ratory	5. 2			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	3. 4	Male	27. 6	Aides & Orderlies	34. 4
MentallyIll	No			Femal e	72. 4		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		ale ale ale ale ale ale ale ale

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Pri va			rivate	vate Pay			d Care	Percent	
			Per Die	m	n Per Diem			Per Diem			Per Diem		Per Diem Total			Of All	
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	6	100. 0	\$348.00	33	94. 3	\$89. 27	Ŏ	0. 0	\$0.00	17	100. 0	\$125.00	Ŏ	0. 0	\$0.00	56	96. 6%
Intermediate				2	5. 7	\$75. 01	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	2	3. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	6	100.0		35	100. 0		0	0.0		17	100.0		0	0. 0		58	100. 0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 10.9 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 2. 7 Baťhi ng 31.0 44.8 24. 1 58 Other Nursing Homes 2.7 **Dressing** 31.0 39.7 29. 3 58 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 34. 5 58 82.7 41.4 24. 1 34.5 29.3 58 0.0 Toilet Use 36. 2 58 0.0 Eating 72. 4 13.8 13.8 \*\*\*\*\*\* Other Locations 0.9 Total Number of Admissions 110 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 22.4 10.3 Private Home/No Home Health 51.9 Occ/Freq. Incontinent of Bladder 48. 3 0.0 Private Home/With Home Health 3.7 Occ/Freq. Incontinent of Bowel 27. 6 0.0 Other Nursing Homes 6. 5 1.7 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 5.6 Mobility 0.0 Physically Restrained 17. 2 0.0 24. 1 0.0 Other Locations 6. 5 Skin Care Other Resident Characteristics 25. 9 8. 6 Deaths With Pressure Sores Have Advance Directives 100.0 Total Number of Discharges With Rashes Medications 0.0Receiving Psychoactive Drugs (Including Deaths) 108

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		4. 4. 4. 4. 4. 4. 4. 4.							
		Ownershi p:			Si ze:	Li ce	ensure:		
	Thi s	Proi	ori etary	50-	99	Ski l	led	Al l	
	Facility		Group		Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	79. 4	83. 7	0. 95	86. 6	0. 92	87. 0	0. 91	84. 5	0.94
Current Residents from In-County	84. 5	75. 1	1. 12	69. 4	1. 22	69. 3	1. 22	77. 5	1.09
Admissions from In-County, Still Residing	21. 8	18. 7	1. 16	19. 5	1. 12	22. 3	0. 98	21. 5	1.01
Admissions/Average Daily Census	203. 7	152. 8	1. 33	130. 0	1. 57	104. 1	1. 96	124. 3	1.64
Discharges/Average Daily Census	200. 0	154. 5	1. 29	129. 6	1. 54	105. 4	1. 90	126. 1	1. 59
Discharges To Private Residence/Average Daily Census	111. 1	59. 1	1. 88	47. 7	2. 33	37. 2	2. 99	49. 9	2. 23
Residents Receiving Skilled Care	96. 6	90. 6	1. 07	89. 9	1. 07	87. 6	1. 10	83. 3	1. 16
Residents Aged 65 and Older	93. 1	95. 0	0. 98	95. 4	0. 98	93. 4	1.00	87. 7	1.06
Title 19 (Medicaid) Funded Residents	60. 3	65. 4	0. 92	68. 7	0. 88	70. 7	0. 85	69. 0	0.87
Private Pay Funded Residents	29. 3	23. 2	1. 26	22. 6	1. 29	22. 1	1. 32	22. 6	1. 30
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	32. 8	31.4	1.04	35. 9	0. 91	37. 4	0. 88	33. 3	0. 98
General Medical Service Residents	3. 4	23. 2	0. 15	20. 1	0. 17	21. 1	0. 16	18. 4	0. 19
Impaired ADL (Mean)	41. 4	48. 9	0.85	47.7	0. 87	47. 0	0. 88	49. 4	0.84
Psychological Problems	60. 3	44. 1	1. 37	49. 3	1. 22	49. 6	1. 22	50. 1	1. 20
Nursing Care Required (Mean)	7. 1	6. 5	1. 09	6. 6	1.08	7. 0	1. 01	7. 2	0. 99